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FAX TRANSMISSION**DATE:** June 3, 2005**PTO IDENTIFIER:** Application Number 09/362,286-Conf. #6674
Patent Number**Inventor:** Anupama K. Nadkarni et al.**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (703) 872-9306**FROM:** EDWARDS & ANGELL, LLP
Peter C. Lauro**PHONE:** (617) 439-4444**Attorney Dkt. #:** 61113(50370)**PAGES (Including Cover Sheet):** 5**CONTENTS:** Transmittal (1 page)
Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence
Address (1 page)
Statement Under 37 CFR 3.73(b) (1 page)
Certificate of Transmission (1 page)

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PTO/SB/97 (09-04)

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Application No. (if known): 09/362,286

Attorney Docket No.: 61113(50370)

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Transmittal (1 page)

Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address (1 page)

Statement Under 37 CFR 3.73(b) (1 page)

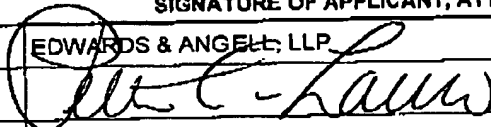
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/362,286-Conf. #6674	
	Filing Date	July 27, 1999	
	First Named Inventor	Anupama K. Nadkarni	
	Art Unit	1646	
	Examiner Name	J. F. Murphy	
Total Number of Pages In This Submission	5	Attorney Docket Number	61113(50370)

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD <div style="border: 1px solid black; padding: 2px;">Remarks</div>	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name EDWARDS & ANGELL, LLP		
Signature 		
Printed name Peter C. Lauro		
Date June 3, 2005	Reg. No.	32,360

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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	09/362,286-Conf.#6674
	Filing Date	July 27, 1999
	First Named Inventor	Anupama K. Nadkarni
	Art Unit	1646
	Examiner Name	J. F. Murphy
	Attorney Docket Number	61113(50370)

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 21874☐ Please change the correspondence address for the above-identified application to:☐ The address associated with
Customer Number:

OR

☒ Firm or Individual Name **EDWARDS & ANGELL, LLP**
Peter C. LauroAddress **P.O. Box 55874**City **Boston**Country **US**

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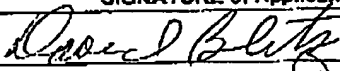
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I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature



Name

David Blitz, President, Cadus Technologies, Inc.

Date

5/13/2005

Telephone

212-575-7800

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐

*Total of

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forms are submitted.

PTO/SB/06 (09-04)

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STATEMENT UNDER 37 CFR 3.73(b)Applicant/Patent Owner: Cadus Technologies, Inc.Application No./Patent No.: 09/362,286 Filed/Issue Date: July 27, 1999Entitled: EXPRESSION OF G PROTEIN-COUPLED RECEPTORS WITH ALTERED LIGAND BINDING AND/OR COUPLING PROPERTIESCadus Technologies, a Corporation
(Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

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The extent (by percentage) of its ownership interest is _____ %
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- B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

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The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

David Blitz
Signature5/23/2005
DateDavid Blitz
Printed or Typed Name212-576-7800
Telephone NumberPresident, Cadus Technologies, Inc.
Title